

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51		/		/
2							52		/		/
3							53		/		/
4							54		/		/
5							55				/
6							56				/
7							57				/
8							58				/
9							59				/
10							60				/
11							61				/
12							62				/
13							63				/
14							64				/
15							65				/
16							66				/
17							67				/
18	/						68	/			/
19		/					69		/		/
20		/					70	/			/
21		/					71	/			/
22							72		/		/
23							73	/			/
24							74	/			/
25							75		/		/
26							76		/		/
27							77		/		/
28							78		/		/
29							79		/		/
30							80		/		/
31							81		/		/
32							82		/		/
33							83		/		/
34							84		/		/
35							85		/		/
36							86		/		/
37							87		/		/
38							88		/		/
39							89		/		/
40							90		/		/
41							91		/		/
42							92		/		/
43							93		/		/
44							94	/			/
45							95		/		/
46	/						96		/		/
47		/					97		/		/
48	/						98		/		/
49		/					99	/			/
50		/					100		/		/
TOTAL IND.	3						TOTAL IND.	7			8
TOTAL DEP.	6						TOTAL DEP.	30			27
TOTAL CLAIMS	9						TOTAL CLAIMS	37			35

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FORM PTO-1360 (REV. 3-78)